

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33825

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED NOV 1 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

4383

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2800 Peery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Delilah Hodge

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married. 2 divorced Widow

6. (b) Name of husband or wife Jeff Hodge 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 14, 1869  
(Month) (Day) (Year)

8. AGE: 74 Years Months 5 Days 29 If less than one day hr. min.

9. Birthplace Ava Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Geo. Holman 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Sweeten 15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Nola Baker (b) Address 3409 E. 62nd St.,

17. (a) Removal (b) Date thereof Oct. 15, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery, K. C. K.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc  
(b) Address Kansas City, Mo.

19. (a) 10-15-43 (b) L. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2800 Peery  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13  
year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Oct 13  
1943, to 1943,  
that I last saw her alive on Oct 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension 83W

Due to Atherosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

23. Signature Dr. Raymond Simola (M. D. or other) Do

Address 2608 Throat Date signed 10/15/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*R. L. M.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**